

Office of Minority Health  
Resource Center  
PO Box 37337  
Washington, DC 20013-7337

## **A Model for the Prevention of Family Violence in Native American Communities**



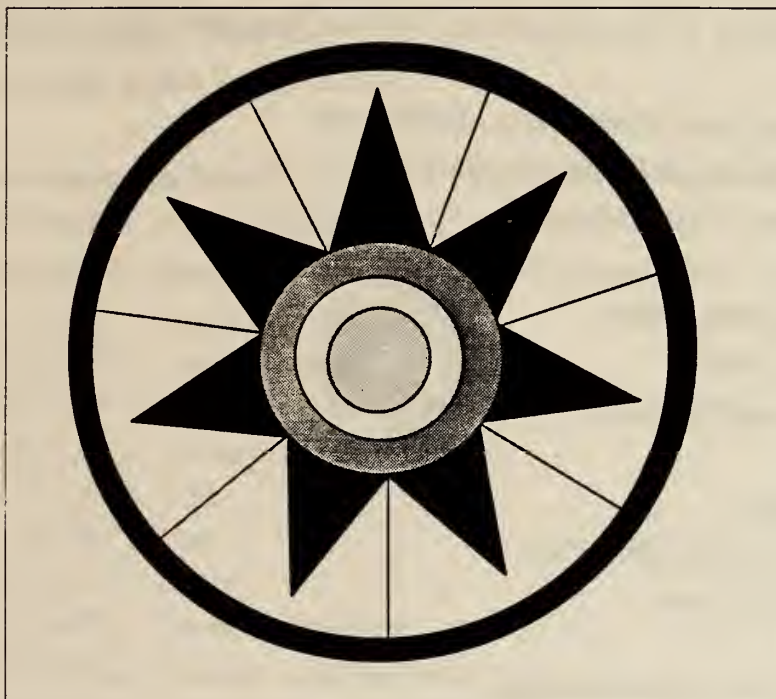
**Office of Planning, Evaluation, and Legislation  
Indian Health Service  
Department of Health and Human Services**

MH95D2174



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# **ACKNOWLEDGEMENTS**

We gratefully acknowledge the generous assistance of the staff of the Confederated Tribes of Warm Springs, Eastern Band of Cherokee, Navajo Nation, and Rosebud Sioux. In addition, we appreciate the efforts of the staff in the Indian Health Service (IHS) Headquarters, Area Offices, and Service Units, and the Bureau of Indian Affairs (BIA) Area and Agency Offices.

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This model was developed pursuant to Contract No. 282-90-0035. The study was commissioned and supported under the auspices of the IHS Office of Planning, Evaluation, and Legislation (OPEL).

# TABLE OF CONTENTS

## LIST OF WORKSHEETS

<b>PREFACE</b> . . . . .	<b>i</b>
<b>I. Introduction</b> . . . . .	<b>1</b>
A. Background . . . . .	1
B. Addressing Family Violence . . . . .	2
C. Components of the Sacred Circle . . . . .	3
<b>II. Steps in Developing a Family Violence Prevention Program.</b> . . . . .	<b>5</b>
ACTION POINT 1: Identify Problem . . . . .	5
ACTION POINT 2: Inventory Tribal/Community Resources . . . . .	8
CATEGORY 1. Legal Issues . . . . .	8
CATEGORY 2. Tribal Resources . . . . .	13
CATEGORY 3. Indian Health Service (IHS) . . . . .	13
CATEGORY 4. Bureau of Indian Affairs (BIA) . . . . .	14
CATEGORY 5. Other . . . . .	14
CATEGORY 6. State . . . . .	14
CATEGORY 7. County . . . . .	14
ACTION POINT 3: Develop Program . . . . .	15
ACTION POINT 4: Educate and Motivate . . . . .	18
ACTION POINT 5. Outreach and Follow-up Support . . . . .	20
ACTION POINT 6. Strengthening . . . . .	20
ACTION POINT 7. Evaluate . . . . .	21
<b>III. Adopt or Adapt Successful Programs</b> . . . . .	<b>22</b>
A. Examples of successful programs for preventing family violence . . . . .	22
B. List of Available Resources . . . . .	23

# LIST OF WORKSHEETS

WORKSHEET NO. 1: Community Customs and Values . . . . .	7
WORKSHEET NO. 2: Resources in Tribal Community . . . . .	9
WORKSHEET NO. 3: Program Plan . . . . .	15
WORKSHEET NO. 4: Sources of Educational Materials Available or That Can be Adapted . . . . .	19
WORKSHEET NO. 5: Evaluation Guide . . . . .	21



# PREFACE

If you want to help prevent family violence in your community, this model was prepared for you. Preventing family violence on Indian reservations involves a community effort where any single individual can take the lead. There have been many examples of individuals making big differences and changes in their communities by using tribal values and philosophies to confront the social problems that plague Indian reservations today. Here are some examples.

In 1971, virtually all of the adult members of the Alkali Lake Indian Band in Canada were alcohol abusers, including Andy and Phyllis Chelsea. One day, after an encounter with her 8-year-old daughter Ivie, Phyllis Chelsea decided to stop drinking. Andy Chelsea, after seeing his wife's example, quit drinking 5 days later. Over the next 2 years, Andy and Phyllis were the only two members of the Band who were sober. Eventually, Andy was elected Chief of the Band and through 14 years of hardship and courage, Andy and Phyllis were able to turn the tribe around from a 100 percent alcohol abuse rate to a 5 percent alcohol abuse rate. The success of the alcohol abuse prevention program has been captured on two documentary films called the "*Honor of All Parts 1 and 2*" and "*Innovations at Work Part 3*."

In 1977, Tillie Black Bear, a Lakota woman, used the teachings of the White Buffalo Calf Woman who brought the Sacred Pipe to the Lakota people, to establish a forum called the White Buffalo Calf Woman's Society. The goals of the Society reintegrated the White Buffalo Calf Woman's teachings of peace, unity, and understanding to confront problem areas and to establish avenues of change. This forum united the Lakota women and, through their efforts, established a shelter for women and their children seeking sanctuary from abusive spouses, siblings, and/or boyfriends.

In 1980, Candy Lightner's 13-year-old daughter Cari was killed by a drunk driver whose license had been suspended for "driving under the influence." Candy Lightner channelled her grief into developing a program to get drunk drivers off the road; this program is known as Mothers Against Drunk Drivers (MADD). MADD has produced several "spin offs" such as Students Against Drunk Drivers (SADD). There are now 400 MADD and/or SADD chapters in 47 states. Numerous changes have been made in the procedures for revoking drivers licenses and in the treatment of driving while intoxicated (DWI) offenders, all the direct result of efforts of MADD.

Four points can be made from these examples:

1. **One person can make a difference.** If you make up your mind that you will help decrease family violence in your community, you will be able to do it.
2. **It is very difficult to achieve great change working alone.** You will need help in combatting family violence. There are other people in your community who want to eliminate family violence. Find them, work together, and support each other's efforts.
3. **Be persistent.** Sometimes you will experience easy success; other times your efforts will seem fruitless. Do not give up when experiencing failures—you will lose some battles, but you will still win the war on family violence.
4. **Develop and use a plan.** When you define and work toward specific objectives (e.g., put an article in the tribal newspaper, make a presentation to the Tribal Council, get a strong family violence section in the Tribal Code), you will be able to see the progress of your efforts.



# A MODEL FOR THE PREVENTION OF FAMILY VIOLENCE IN NATIVE AMERICAN COMMUNITIES

## I. Introduction

This model is designed for use by an individual, family, group, or tribe in developing a program to prevent or reduce family violence in Native American communities. The model calls for a culturally-relevant, community-based approach that can be adapted to meet the needs of individual tribes or communities. The model uses the sacred circle as a framework to develop a prevention program.

The model was developed as part of a contract with the Indian Health Service (IHS) Office of Planning, Evaluation, and Legislation (OPEL). Under this contract, a study was conducted to examine 1) the nature of family violence on four Indian Reservations, and 2) intervention and prevention measures developed to address family violence. Case studies were conducted at four reservations: the Confederated Tribes of Warm Springs; the Navajo Nation; the Rosebud Sioux Tribe; and the Eastern Band of Cherokee.<sup>1</sup>

Overall findings from these case studies indicated that: 1) Family violence is a serious problem on the reservations; 2) the most commonly reported types of family violence are wife abuse, child sexual abuse, and child physical abuse; 3) resources and programs for dealing with family violence are inadequate; 4) there is a need for community-wide education and prevention programs; and 5) there is a need for support programs designed for victims and their families. The findings from the case studies guided the development of this model.

## A. Background

Family violence occurs at all levels of society and is devastating for the people involved. It has a lasting and detrimental effect on the individuals who directly experience the abuse, the primary family unit, the extended family, and on members of the Indian community. Children who experience or witness abuse carry memories of violence with them into their adult lives, and may

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<sup>1</sup>Copies of the final report, *Case Study of Family Violence in Four Native American Communities*, may be obtained from the Office of Planning, Evaluation, and Legislation, Indian Health Service, Rockville, MD.

themselves become either abusive or become victimized in another abusive family relationship. There are many families in American Indian or Alaska Native communities that have experienced violent behaviors, that have coped with violent behaviors positively, and/or wish to learn more about violent behaviors and their prevention.

In earlier times, family violence offenders in many American Indian communities were forced to terminate the violent behaviors, and to compensate the victim(s) and members of the victims' family or clan. Sometimes, in instances of repeated offenses or extreme violence, offenders were shamed, forcing them to reform or to leave the community. Holy men and/or religious leaders were called on to help the victim(s) through traditional religious ceremonies. Although each tribe is culturally and religiously different, social institutions were in place to prevent and deal with violent behaviors.

Family violence in American Indian communities should be understood in a broad historical context where the native culture of the American Indian or Alaska Native came into conflict with the dominant society. The goal of the dominant society was to remake Indians into "civilized" beings by abandoning all aspects of their native culture. An important component of the efforts to destroy tribal cultures was the "boarding school" which for many was a traumatic experience that included physical and emotional abuse. The Federal government implemented systematic efforts to eradicate each tribe's religion, identity, language, and social organization. The effects of these destructive efforts still reverberate at many levels including that of the family.<sup>2</sup>

The attacks on tribal cultures did not discriminate among the traditional roles, norms, and institutions that supported the value and protection of women and children. The loss of these traditional norms, values, and institutions was compounded by the forced separation of Indian children from their families by sending the children to boarding schools. Away from their families, prohibited from speaking their languages and practicing their traditions, generations of Indian children grew up in institutions that widely used corporal punishment as a means of "socialization."

## **B. Addressing Family Violence**

Family violence is not an easy issue to address because it often affects people we love and care for; however, it is for these very reasons that our communities must develop the solutions to this problem. To reduce or prevent family violence, our communities must 1) recognize the problem, and 2) make a commitment to make the needed changes. This community-based approach is critical for healing the family and community.

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<sup>2</sup>Brown, Dee. *Bury My Heart at Wounded Knee*. New York: Holt, Rinehart, & Winston, 1971.



In dealing with acts of violence toward family members, it is not uncommon for members of the tribe, including tribal officials who are related to or very close to the offender (either through immediate or extended family ties) to hesitate to act on or even to acknowledge the problem. Members of a tribal community often deny the occurrence of family violence, preferring to "look the other way" and avoid involvement. Some community members may have the attitude that victims of abuse (usually women and children) somehow deserve the violence inflicted upon them.

Within some tribal communities, the traditional roles played by males and females may have become distorted in the acculturation process with the resultant exacerbation of family violence. For example, the male may perceive the "macho" image as his model, showing little emotion, and viewing his spouse as his property. The women may be devalued, and viewed as secondary in importance in the community.

### **C. Components of the Sacred Circle**

The sacred circle is used as a framework for the prevention program presented in this model (see Figure 1). Within this circle, the Indian family unit is viewed as the center of the circle where strengthening and healing begin. The major components in the circle are:

The Family: The family is the center of American Indian life, and the Indian community will be affected if the family is not protected. The family is also the strength and power that keeps the tribal culture alive and well.

The Extended Family: The extended family is an extension of the primary family but considered as one. The extended family is included in this model because considerable abuse (sexual, physical, and emotional) occurs at this level. It is important for the extended family members to make a commitment to actively protect family members from all forms of abuse and neglect.

The Reservation Community: The reservation community is the place where family violence can be dealt with successfully when tribal members assume ownership of the prevention program and take an active role in the strengthening of family values.

The Circle as a Whole: Inclusive to the model is the family, extended family, and reservation community who must all be educated and actively involved in combatting family violence. It is imperative that Indian communities convince all members that the victims will be protected and that family violence will not be tolerated by the community.

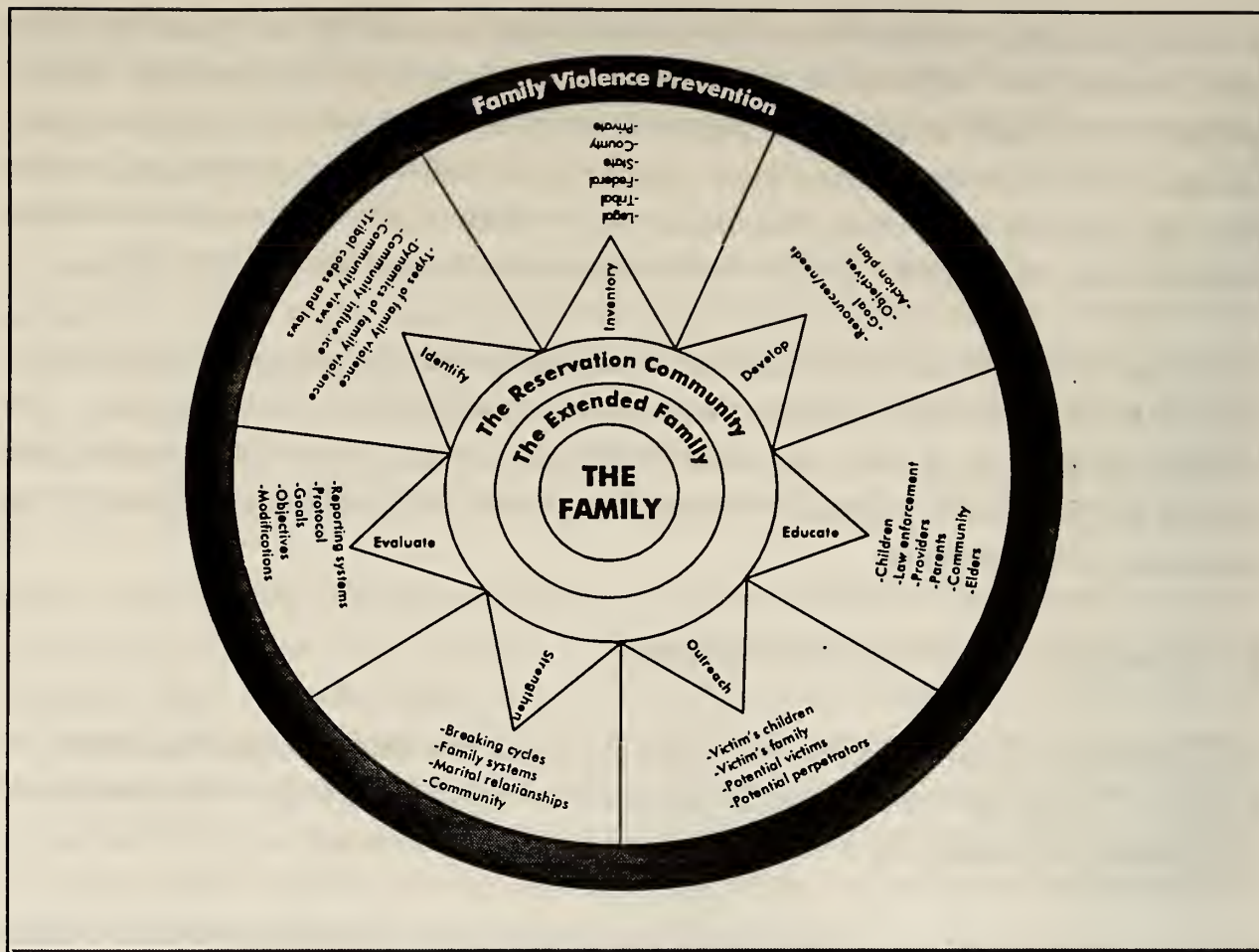


Figure 1. The Sacred Circle Framework

Radiating from the sacred circle are seven "Action Points." The points (or steps) represent the stages in developing a program to prevent family violence. Each tribe is unique, and has varying levels of resources for dealing with family violence. The model is designed so that it can guide tribes in their prevention efforts, depending on their resources and approach. For example, a particular tribe may have already identified family violence as a priority issue. The tribe is now ready to conduct a community-wide inventory of resources. That tribe could then proceed to the Action Point that corresponds to its situation, and follow the steps for completing its prevention program. Another example could be a tribe that has completed the "Develop" phase, and is ready to begin the "Education" phase. That tribe could enter the circle at this Action Point, and follow the successive steps for developing its prevention program.

## II. Steps in Developing a Family Violence Prevention Program

Characteristics of a successful prevention program include:

1. Community ownership
2. Community-based social change
3. Commitment of resources from tribe and community
4. Focus on healing the whole family
5. Based on tribal values and customs
6. Sustainability.

Key concepts in the prevention program are 1) no one has the right to abuse another individual, and 2) if you think abuse or neglect has occurred or is occurring, you can and must act to protect members of your community.

The steps for developing a program to prevent or reduce family violence in Indian communities correspond to the Action Points in Figure 1, and are discussed below.

### **ACTION POINT 1: Identify Problem**

Successful efforts for reducing or preventing family violence in Native American communities involve community-based social change where the individual as well as the community behavior will be affected. The Indian community needs to put itself "under a microscope" and see the prevalence of family violence in the community. The most frequent types of family violence should be determined, and the dynamics underlying family violence discussed.

Many members of the community will be aware, to some degree, of family violence in their community. Table 1 presents definitions of the types of family violence.

In completing this identification phase, the following activities should be taken:

1. Identify community influence agents. This includes those individuals whose approval of, and participation in, the planning process is essential; identify significant formal and informal leaders of the major areas related to family violence prevention. It is important to identify a group of persons who feel strongly about the problem and who will work with you as you develop and implement the prevention program.



**Table 1: Definitions of Family Violence**

<b>Family Violence</b>	Aspects of violence that occur among members of one family group including the extended family. The extended family is an extension of the nuclear family (e.g., aunts, uncles, cousins, grandparents, etc.), but in the context of many tribes, the distinction between nuclear and extended family is not sharply defined. Abuse often occurs within extended families as well, e.g., between siblings and cousins as well as in the nuclear family.
<b>Abuse</b>	That aspect of family violence that occurs with the acts of physical, sexual, verbal, social or emotional abuse by one person to another.
<b>Child Abuse</b>	The physical, mental, or emotional injury, sexual abuse or exploitation, negligent treatment or maltreatment of a child under the age of 18.
<b>Child Sexual Abuse</b>	The use, persuasion or coercion of a child to engage in any sexually explicit conduct (or any simulation of such conduct). Child sexual abuse includes rape, molestation, prostitution or incest with children.
<b>Spousal/ Partner Abuse</b>	A behavior that uses physical, emotional, and sexual forms as a tool to perpetuate violence against the partner. Spousal abuse includes abuse of the man by the women and, the far more common abuse of the woman by the man.
<b>Elder Abuse</b>	A behavior much like spousal abuse, and can take many forms. The working definition includes any elderly person who has been the recipient of physical, emotional or social abuse that hinders or influences the way that person lives. This can include passive neglect, material and financial exploitation, and active maltreatment.

There is too often a tendency to deny the existence of family violence. Prevention is made even more difficult when the perpetrator of the violent act(s) is a member of a relevant tribal agency (e.g., police department or tribal administration). Even in instances of tribal hearings, women have testified concerning the life threatening violence inflicted upon them by their spouse only to have a law enforcement official respond that these women are "over reacting" to the situation. Acknowledgment by the key community members (tribal leadership, social services, law enforcement, mental health, etc.) that family violence is a problem, and their commitment to protecting victims are critical steps to the success of a prevention project.

2. Obtain summary reports of family violence. Although many incidents of family violence are not reported, prevention efforts will be strengthened by data or other evidence of family violence. Reports related to family violence should be available from tribal, federal, and state agencies. Examples of data sources include the tribal division of social services, law enforcement, state social services programs, IHS hospitals and Service Units, etc.

3. Tribal codes and laws. There are many Federal, state, county, and tribal laws that pertain to family violence and prescribe penalties for those who violate them. While it would be impractical for

anyone to try to learn all of these laws, you can collect these laws and become familiar with your tribal code. Federal, state, county, and tribal laws are discussed under Action Point 2. Often there are private legal associations that specialize in tribal legal concerns. There may be such an organization on or near your reservation.

As a beginning to understanding underlying factors in family violence, the questions in Worksheet No. 1 concerning community customs and values should be examined:

### **WORKSHEET NO. 1: Community Customs and Values**

<b>QUESTION</b>	<b>ANSWER</b>
How does the tribal community view women?	
How does the tribal community view men?	
How do men view themselves?	
Is battering an accepted practice?	
What are the support systems for women? (e.g., shelters, women's clubs or organizations, etc.)	
What are the support systems for men? (e.g., social, fraternal organizations, etc.)	
What are the support systems for children? (e.g., after school programs, teen centers, SADD, etc.)	
What are the support systems for elders? (e.g., senior or elder centers and programs, etc.)	
What people, leaders, groups view family violence as a problem in the community?	
What people, leaders, agencies are opposed to a program to prevent family violence?	
What types of family violence occur in the community?	

The model cannot exist in isolation, and it cannot brush aside community traditions, customs, and values; rather, it builds on them to ensure its longevity.



## **ACTION POINT 2: Inventory Tribal/Community Resources**

Tribes developing family violence interventions should look at the availability of resources within their community. Each tribe should identify 1) human, 2) financial, and 3) other resources that can be used to support the intervention. The use of local non-monetary resources is essential in moving communities from external assistance to self-generating assistance.

How does a tribal community find out what tribal, Federal, state, and private resources and programs are available? What programs exist? What services are provided? Who is eligible?

There is probably no central listing of all available resources for your tribe. Findings from the case studies indicated that there are varying levels of knowledge concerning available resources and programs for family violence victims and perpetrators. Most agencies or divisions have listings of services; for example, the tribal social services division may have a listing of shelters for women and children; the health department may have a listing of emergency services, etc.

The focus of this phase is to identify and compile a comprehensive list of resources and programs within your tribal community. Worksheet No. 2 can serve as a guide in completing this Action Point.

Each of the 7 resource categories in Worksheet 2 are discussed below.

### **CATEGORY 1. Legal Issues**

There are many Federal, state, tribal, and county laws that pertain to the prevention of family violence and that prescribe penalties for those that violate them. There are local or regional legal organizations to help tribal communities understand their rights and legal alternatives in cases of family violence. Your tribal social services and judicial divisions are likely to be familiar with such organizations. Once you have identified the organization(s), contact them and ask for their advice and help.

**Federal Laws:** Laws such as The Indian Child Welfare Act, Indian Civil Rights Act, Major Crimes Act, and the Family Violence Prevention Act address family violence. The complicated nature of Federal legal jurisdiction and tribal sovereignty is sometimes understood only within those legal entities designed to implement and enforce the law. A major source of assistance and guidance for tribal members who are addressing family violence can be found in the BIA Office of Social Services. BIA Social Service staff know how to get in touch with the Federal, state, county, and tribal law enforcement officials if there is a need to do so.

# WORKSHEET NO. 2: Resources in Tribal Community

	YES	NO	CONTACT PERSON	ADDRESS	PHONE #
<b>1. LEGAL ISSUES</b>					
A. Tribal Codes on Family Violence					
B. Federal Laws					
C. State Laws					
D. County Laws					
<b>2. TRIBAL RESOURCES</b>					
Social Services Division					
Health Department					
Education					
Judicial Services					
Law Enforcement					
Alcoholism Treatment Programs					
Substance Abuse Treatment Programs					
Senior Citizens Programs					
Head Start Pre-School					
Youth Services					
Teen Centers					
Parenting Skills Training					
Job Training					

	YES	NO	CONTACT PERSON	ADDRESS	PHONE #
Legal Services					
CHRs					
Safehouses					
Shelters					
3. IHS					
Mental Health Program					
Maternal/Child Health Program					
Family Violence Prevention Team					
Teen Centers					
Alcohol/Substance Abuse Programs					
Emergency Medical Services					
Pediatrics					
OB/GYN					
PHNs					
CHRs					
4. BIA					
Social Services Program					
Police/Law Enforcement					
Education Program					
Judicial Services					
Indian Child Welfare					



	YES	NO	CONTACT PERSON	ADDRESS	PHONE #
<b>5. OTHER</b>					
Private Shelters					
Group Homes					
Children's Homes					
Teen Centers					
<b>6. STATE</b>					
Social Services Programs					
Welfare Program					
<b>7. COUNTY</b>					
Police/Sheriff					
Social Services Programs					

State Law: Laws focusing on family violence vary from state to state; however, all 50 states and the District of Columbia have domestic violence or family abuse laws. Your elected state legislative representative(s) can be contacted in reference to specific laws in your state. The Major Crimes Act of 1986 holds that persons who commit crimes against Indians or non-Indians in Indian country including rape, assault with intention to rape, child sexual abuse, incest and assault leading to serious bodily harm will be prosecuted in Federal courts.

Tribal Law: Tribal governments are more in touch with their own needs and problems than are Federal and state governments. Many tribes have tribal codes concerning family violence. These codes should reflect the tribal values; nevertheless, research suggests that tribal codes sometimes need major changes to protect victims from abusers. The tribal code should contain the following components:

1. An explicit commitment to prevent family violence and to protect victims.
2. Include mandatory arrest for probable cause (i.e., evidence of physical abuse such as bruises, scratches, burns, etc; statements from witnesses; broken windows, furniture, etc). Mandatory arrest for probable cause is critical for the protection of victims of family violence. Such victims, often threatened and intimidated by their abusers, should not be required to file a complaint to trigger the prosecution of the abuser.
3. Specify active participation of convicted abusers in a treatment program as an alternative to incarceration; the code should also specify that failure of the abuser to actively participate in and to complete treatment automatically results in incarceration.
4. Anti-stalking law that prohibits unreasonable, repeated following, observing, calling or harassing of anyone, but especially a victim of abuse or neglect.
5. Sharply escalating penalties for repeated convictions of abuse or neglect culminating in loss of tribal membership and banning from the reservation or tribal lands.

Interested parties should contact the BIA Division of Law Enforcement or the IHS Family Violence Prevention Team for examples of model tribal codes and other components of model intervention programs.

## **CATEGORY 2. Tribal Resources**

There are many tribal programs and resources that offer expertise in areas relating to the prevention of family violence. In identifying tribal resources, a good way to start is to obtain a copy of the tribal organizational chart. This chart will usually indicate lines of authority as well as tribally-operated programs. In addition, the chart should identify those programs that may deal specifically with issues of family violence. These individual programs may also have their own organizational charts or other information that show staffing and lines of authority. Once you are familiar with tribally-operated programs, you can contact the relevant programs concerning resources such as shelters, foster homes, and funding sources both on and off the reservation.

Identify the major programs or agencies involved in family violence: This will include social services, judicial services, health department, law enforcement, counseling, alcohol treatment programs, shelters, educational programs, etc. Some program directors will be more cooperative than others. Don't give up! If you encounter resistance, simply try alternative routes to reach your goal.

Obtain protocols for dealing with family violence. After identification of the agencies and organizations focusing on issues related to family violence, obtain their protocol for dealing with incidents of violence. For example, the law enforcement personnel may have a specific protocol; the emergency medical personnel may have their protocol; social services will have another. If these agencies lack explicit protocols (policies and procedures) for dealing with family violence, you have identified critical tasks for your program plan--your tasks are to 1) stimulate the agencies to develop the needed protocols, and 2) to ensure that someone committed to victim protection outside each agency reviews and has input on the protocol.

If the agencies have explicit protocols for dealing with family violence, it is likely that there is room for improvement. The protocols should be carefully reviewed to determine if they ensure the protection of victims.

## **CATEGORY 3. Indian Health Service (IHS)**

The IHS has many competent professionals that can offer assistance in the diagnosis, education, and awareness of family violence. While there is variation across IHS Areas in availability of resources, programs, and personnel, the IHS can be a major component of a prevention program for tribal communities. Examples of relevant programs include mental health, maternal\child health, family violence prevention team, alcohol/substance abuse programs, teen programs, inpatient, outpatient,



emergency, etc. As part of the family violence resource directory, include the names and phone numbers of contacts for each relevant IHS program.

#### **CATEGORY 4. Bureau of Indian Affairs (BIA)**

The BIA funds many programs that offer assistance in the prevention of family violence. Relevant resources include social services, judicial services, law enforcement, education, Indian Child Welfare, Child Protection Teams, etc.

#### **CATEGORY 5. Other**

This category includes privately funded shelters, women's groups, youth groups, church sponsored shelters, transportation systems, etc. Privately financed shelters provide a variety of resources including crisis intervention, temporary housing, parenting training, education (pamphlets, brochures, etc.), referrals, etc. They can also provide speakers and training for community awareness efforts. First hand experience by the staff of these programs provide valuable guidance for prevention programs.

Frequently funding for tribal programs as well as materials and technical assistance is available from foundations and from organizations dedicated to the elimination of family violence.

#### **CATEGORY 6. State**

The state departments of social services can offer listings of resources and referrals that could benefit tribal communities. They also work in conjunction with tribal programs in setting up networks for dealing with family violence including victims assistance.

#### **CATEGORY 7. County**

The county usually works with the tribe in social service cases, and is equipped for handling family violence cases. County laws and regulations sometimes interfere with the prosecution of perpetrators of violence on reservations (i.e., in areas where portions of the reservation are "checker boarded" with county lands).

## ACTION POINT 3: Develop Program

The sustainability of the prevention program greatly depends on community-wide ownership. A community-based approach, involving many levels within the community, increases the effectiveness of the prevention program. After the involvement of the community in completion of Action Points 1 and 2 (identification of the problem, and inventory of community resources), the outline of program can be developed.

There are four aspects of a successful prevention program. They are:

1. Communication: Many different agencies or divisions are involved in the issues related to family violence. A successful family violence intervention requires effective communication and networking among the various groups.
2. Coordination: The coordination of services by relevant agencies and programs is required for successful implementation of the program.
3. Training: Specialized training of primary providers of services related to family violence (e.g., social service personnel, law enforcement personnel, school personnel) should be conducted by qualified trainers with actual experience in dealing with family violence.
4. Reporting: What types of reports are mandated by the tribal programs, Federal programs, state programs? To the degree possible, standard reporting formats would benefit the tribe, reduce duplication of efforts, and conserve valuable resources.

Using Figure 1 as a reference, the overall goal of the program is the prevention of family violence, with a focus on protecting and healing the victim(s), and working outward to the extended family and to the reservation community. Worksheet No. 3 provides a framework for outlining the goals of the prevention program.

### WORKSHEET NO. 3: Program Plan

TASK	ANSWERS
Define Goal(s) of program:	
Define objectives for meeting the goal(s):	
Objective 1:	



Objective 2:	
Objective 3:	
Define primary players:	
Define roles and responsibilities:	
Define protocols:	
Identify potential problems:	
Recommend solutions:	
Set timeframe for implementation of program:	
Identify available resources:	
Needed resources:	
Evaluations:	
Monitoring/Reporting:	

Each of the areas in Worksheet 3 is discussed below.

**Goal:** Ultimately, the goal of the program is the prevention and reduction in family violence.

**Objectives:** Depending on specific tribal needs and resources identified in Action Point 2, the objectives of your family violence intervention will vary. It is generally desirable to formulate measurable objectives so that you can assess the degree to which each objective has been met. Examples include:

Objective 1: By the end of 6 months, develop (or modify) the tribal family violence code.

Objective 2: By the end of 12 months, specified tribal agencies will develop (or modify) family violence protocols that ensure the safety of victims.

**Define Primary Players.** Tribes may want to establish a task force or work group, while continuing to work with the community, holding open discussions and community forums. This work group could consist of tribal leaders, elders, representatives from social services, judicial services, law enforcement, education, shelters, alcohol treatment programs, victims, parents, etc. The work group should be a representative, multi-disciplinary cross section of the community.

**Define Roles and responsibilities.** Who heads the intervention program or effort? Where will it be headquartered? Who are the contact persons? Who are liaisons with relevant tribal, IHS, BIA, state, and county agencies or programs?

**Define protocols.** Revise or stimulate the development of family violence intervention protocols to ensure protection of victims and treatment of abusers.

**Identify potential problems.** Potential problems in developing the prevention program may include lack of interest, lack of proper training, denial of the problem, and opposition to changing existing policies and procedures (or any change). Once potential problems have been identified, solutions can be developed and implemented.

**Recommend solutions.** The most important factor in recommending solutions is to ensure that the solutions are practical. For example, it is counter-productive to suggest that the tribe expend millions of dollars on a family violence initiative because most tribes simply do not have adequate funds. On the other hand, it is not uncommon for people (including tribal and other government officials) to believe that various goals and objectives are unattainable. For example, many, if not most, people would have told Andy and Phyllis Chelsea that there was no way that Alkali Lake would go from 100 percent to 5 percent prevalence of alcohol abuse. When Candy Lightner and MADD came up with the idea, how many people said that the U.S. Department of Transportation would never develop the National Driver Register to identify drivers with suspended licenses in one state who try to obtain an operators permit in a different state? The point is that once your solutions and objectives are both reasonable and practical, you should not accept "no" for an answer.

**Establish a timeframe.** A realistic timeframe for implementation of each step of your program should be established. You can use this schedule to measure the progress of your initiative. Remember that your schedule is not "set in concrete." At all times be practical, reasonable, flexible but, nevertheless, determined to make progress.

**Identify available resources.** This is the place to ask all the right questions by using the 5 "W"s: Who? What? Where? When? and Why? These questions help to keep the community focused on developing a program model.

**Needed Resources.** Funding is generally scarce in tribal communities, so keep in mind that many non-monetary resources are often available. Such non-monetary resources can be anything from volunteers at a women's shelter to use of vehicles in the tribal motor pool, or a wordprocessor in a

tribal agency, articles and public announcements in the tribal newspaper, special ceremonies at pow wows, etc.

**Evaluation.** This is discussed in detail in Action Point No. 7. There should be an evaluation component built in the prevention program. This will allow monitoring to determine if the program goals and objectives are being met.

**Monitoring/Reporting requirements.** Reporting is a crucial element in virtually every program. As part of the reporting requirements, a system for tracking and follow-up of incidents of family violence should be developed. Family violence prevails, in part, because of insufficient follow-up of perpetrators and victims after each stage from the initial report to the sentencing of the abuser. If an abuser is held for a 12 hour period or jailed for one night then released because of poor reporting or evidence, he is likely to repeat the abuse. The victim is often at greater risk after the report of an incident because of inadequate monitoring and reporting designed to ensure the safety of the victims. Likewise, if the court orders or refers an abuser to counseling without monitoring to ensure active participation in the treatment, old behaviors are likely to be repeated.

## **ACTION POINT 4: Educate and Motivate**

There are varying levels of knowledge and understanding concerning what constitutes abuse and neglect; thus, a primary task of the prevention program is to make community members aware of the nature and causes of family violence. Such an educational effort cannot be effective without the support of tribal leaders and others in the community including school teachers, health care providers, law enforcement officials, social services personnel, and the individuals who commit abuse as well as the victims of abuse. This program will have to be an on-going effort, modified to meet the changing needs of the tribal community. Recommended areas could include 1) dynamics of family violence, 2) prevention efforts, 3) how to deal with an incident of abuse, and 4) support resources for victims.

Who should be educated? Everyone within the community from the tribal prosecutors to the children. Police officers should be educated not only on identifying characteristics of abuse/neglect but on ways to prepare reports that "stand up" at trial. Worksheet No. 4 can facilitate the inventory of available educational materials.



## WORKSHEET NO. 4: Sources of Educational Materials Available or That Can be Adapted

BIA	
Department of Education	
Tribal	
IHS	
Information from shelters	
Legal Services	
Use of Media	

K-12 Program. Children often witness violence between parents, siblings, and others within the extended family. Witnessing family violence can have lasting and delayed impact on children. The educational component should be tailored for the child's level of development. Sober, non-abusive elders and traditional leaders are often the custodians of tribal culture and tradition. These traditions and culture are passed to the next generations by these leaders and elders. Their role in understanding and keeping the family and extended family on the healing path is critical to a healthy community.

Teachers, counselors, school nurses, and all faculty should be educated about family violence in their community, and that reporting suspected cases of abuse/neglect should be mandatory for these groups. Training could include flyers, posters, audio/visual or any other educational material on abuse, and the appropriate actions to take when abuse is discovered.

Mass-media communications can target different generations and groups. For example, communications can target adolescents, adults, and children based on the timing and programmatic topic. Radio is a good outreach tool since a lot of reservations have radio stations. Similarly, tribal, regional or national Indian newspapers can be used effectively to address family violence.

In-service training. Training for primary providers of services relevant to family violence is often sorely needed, especially training provided by persons with actual experience working in successful family violence prevention programs.

Workshops. Volunteers working with shelters, social services, etc. need special training. Professionals in areas such as mental health, social services, alcohol treatment, and particularly those with experience in dealing with family violence, can conduct workshops for volunteers. If the

relevant professionals have no experience in family violence, then the volunteers or others who run shelter programs can conduct the training for the professionals.

Parenting skills. The case studies revealed a need for training in parenting skills. This training should include communication skills, setting and enforcing limits, non-violent discipline, and prevention of child abuse and neglect. This training should be available for parents of all ages. Referrals can be made to parenting classes through social services, courts, mental health, etc.

Publication of facts can be a positive force in community awareness and prevention of family violence. There are private and public agencies that provide pamphlets, booklets, and videos at minimal cost to interested parties. The BIA Office of Social Services and the IHS Family Violence Prevention Team can provide assistance in getting such materials.

## **ACTION POINT 5. Outreach and Follow-up Support**

Outreach activities concerning family violence are a delicate endeavor. It is imperative that the victim(s) feel safe enough with the outreach providers to admit being abused. Without certain protection for the victim, an intervention can result in an increase in the abuse (or even death) of a victim by an abuser angered by the discovery.

It is important to confront the taboo associated with discussion of family violence. Awareness can serve as a catapult once community members recognize that family violence does exist and can be prevented or reduced. One of the difficult problems in dealing with family violence is the presence of attitudes that imply the sacrosanct nature of one's immediate family unit. It is widely believed that a person should not intrude into the affairs of a family. Thus, discovering hidden family violence must overcome the resistance to intrude in a family's "private life." Victims of abuse and violence may be very reluctant to inform anyone of their plight. Fear of further pain or abandonment guide their pattern of acceptance. However, once the issue is made public, it becomes a community problem and requires the help of the community for resolution.

## **ACTION POINT 6. Strengthening**

Strengthening the family structure by protecting the victim and the children is critical to the survival of the family and the well-being of the community. The safety and protection of the victim is of utmost concern. The rebuilding and strengthening of the family cannot occur until 1) the safety of the victim (and the children) is guaranteed, 2) the perpetrator of the abuse has successfully completed a treatment program, and 3) the victim(s) have received support that eliminates dependence on the



abuser. Without successful treatment of the abuser and careful monitoring of the situation, returning the abuser to the family will often lead to renewed abusive behavior.

## **ACTION POINT 7. Evaluate**

An evaluation component should be an integral part of program development. Such a component can guide the tribal community in the collection of data to confirm that the goal(s) and objectives of the prevention program are being met, to determine what components have not been met, and why. In outlining your prevention program, build in reporting and monitoring components to provide the information for evaluating your progress. A simple reporting format can be developed to provide monthly reports on the progress of the program. Some key questions to consider are:

### **WORKSHEET NO. 5: Evaluation Guide**

QUESTION	YES	NO	RECOMMENDED CHANGES/COMMENTS
Has the goal been met?			
Have the objectives been met?			
If not, why?			
Should objectives be modified?			
What modifications should be made?			
Obtain feedback from community.			

An integrated reporting system, complete with follow-up procedures, can greatly enhance efforts to combat family violence. There are existing reporting procedures for some Federal, state, and tribal agencies. In some cases, there is no intact system for recording cases of family violence. Such a system is particularly important for law enforcement officers, since they are a critical part of the prevention team. The reporting system should provide critical data for the court, for the history of repeat offenders, etc. Reporting procedures should be clear and comprehensive, and provided in written form to all persons who are likely to encounter suspected abuse or violence. Often the procedures are vaguely understood, or clearly understood but not written. The staff should be familiar with issues of confidentiality, maintaining patient records, and reporting.

### III. Adopt or Adapt Successful Programs

Many tribal communities will know of successful family violence prevention programs. To avoid "reinventing the wheel," review existing sources for successful programs which may provide valuable insights for your prevention program. This section is divided into two parts: one outlining some known successful prevention programs, and a listing of contacts from which you can obtain information on additional successful programs and practices.

#### A. Examples of successful programs for preventing family violence

White Buffalo Calf Woman's Society, Inc. (WBCW). This Society, on the Rosebud Sioux Reservation, originated as a forum for women to share their feelings and to propose areas of change. It is especially concerned with harmony within the community. The society acts as a woman's resource and information center, and provides shelter for battered women and children. In turn they strengthen the family unit, and in turn the community, by addressing the problems that face women and children. A key strength is the exchange of information between the W.B.C.W. Society and the community members. Through this communication, the Society gains valuable input and the individuals acquire knowledge and skills to implement change in their lives. P.O. Box 227, Mission, SD 57555, (605) 856-2317.

National Coalition Against Domestic Violence (NCADV) is a national organization committed to empowering women from diverse backgrounds against domestic violence by creating a national network of community-based programs. This network enables women across the nation to communicate with and support one another. Through this organization women unite and voice their needs for Federal priority funding of shelters and domestic violence programs. They publish and distribute a wealth of information on domestic violence and the services/shelters available nationwide to women and their children. They distribute *The Voice*, their news journal and a national directory of shelters and services, as well as other information on Domestic Violence and related issues. For further information contact: NCADV, P.O. Box 34103, Washington, D.C. 20043-4103, (202)638-6388 or TTY (202)737-3033.

Dakota Transitional Head Start. This organization is similar to the Federal Head Start program and is well suited for Indian children and families. Programs offered include: 1) Project Takoja/Welcome Baby for teen and adult parents, 2) Project Titakuye teaches parenting skills in cooperation with county schools, 3) Tokahe Waonspe, Parent Child Center offers child care for children newly born to age 3, 4) Ateyapi Society helps fathers and males feel more useful and



competent in modern day society by recreating the male role, and 5) substance abuse prevention programs for parents. The programs are sponsored by Rural America Initiatives which serves Native American communities. They can be contacted at Rural America Initiatives, 919 Main Street, Suite 112, Rapid City, South Dakota 57701, Administrative Offices (605) 341-3339, Fax (605) 341-2314.

Seattle Indian Health Board's Domestic Violence Community Advocate Project seeks to raise the awareness of American Indians living in the Seattle area. It seeks to stop violence by helping victims find support services, free legal advocacy, and renewed self-esteem. This project is funded by the City of Seattle, Department of Human Services. For information write to: Seattle Indian Health Board, P.O. Box 3364, Seattle, WA 98114.

The DNA People's Legal Services, Inc. is one of the largest legal services programs serving American Indians. DNA is located on the Navajo Nation. DNA provides legal services in the areas of consumer law, family law, administrative law, public entitlements, and Federal Indian law to low income people who live in and around the Navajo and Hopi reservations. It also provides educational programs through local community organizations such as chapters, villages, and schools. Write to: DNA, P.O. Box 767, Chinle, AZ 86503-0767, (602) 674-5242.

The Victim's Assistance Program (VAP) in Warm Springs, Oregon provides crisis intervention, emergency resources, and referrals to appropriate agencies and/or officials. It is funded through the state Victims of Child Abuse Grants Program (VOCA), state of Oregon Department of Justice. The VAP works with victims of family violence to promote a safer environment for the family, and devises preventive measures against future incidents of violence. The program also assists victims in identifying their legal alternatives, and provides relevant educational materials and referrals for further assistance. Contact: Victims Assistance Program Coordinator, P.O. Box C, Warm Springs, OR 97761, (503) 553-3357.

## **B. List of Available Resources**

The following list of resources is organized by three main categories: 1) Sources of research funding and information, 2) sources of training and education materials, and 3) sources of intervention assistance. Some organizations are included in more than one category.

### **1. Research Funding and Information**

- Centers for Disease Control, Division of Injury Control, 1600 Clifton Road NE., Atlanta, GA., 30333, (404)488-4646. This agency provides technical assistance and responds to



inquiries from the general public or professionals on research they have conducted. The general public is referred to the appropriate CDC centers for specific information.

- Indian Health Service, Communications Director, Parklawn Building, Room 6-35, 5600 Fishers Lane, Rockville, MD 20857, (301)443-3593. The IHS provides comprehensive health care services for eligible American Indians and Alaska Natives through the IHS and tribally contracted facilities. The IHS provides information on the current health status of American Indians and Alaska Natives. Special program concentrations include suicide prevention, family violence prevention, mental health, maternal and child health, alcohol/substance abuse, etc.
- Indian Health Service, Mental Health Program Branch, Family Violence Prevention Team, Headquarters West, 5300 Homestead Road, N.E., Albuquerque, NM 87110.
- National Center for Health Statistics, Presidential Building, 6525 Belcrest Road, Hyattsville, MD 20782. This center provides data from surveys and studies. Many of the reports are part of the "Vital and Health" statistics series. The data collected are available in public domain databases, computer diskettes, and CD-ROM.
- National Criminal Justice Reference Service, National Institute of Justice, P.O. Box 6000, Rockville, MD 20850, (800)851-3420, (301)251-5500. This agency is an information center on criminal justice. It provides reference services on behavior and social applications toward the study of crime and domestic relations. It also maintains bibliographic databases that are available through DIALOG, publishes topical bibliographies.
- National Institute of Mental Health, Public Inquiries, Parklawn Building, Room 15C-05, 5600 Fishers Lane, Rockville, MD 20857, (301)443-4513. The Institute provides information on mental illness and health. It collects, stores, and disseminates scientific, technical, and other information related to mental illness, and offers several consumer publications as well as a publications list.
- Office of Minority Health Resource Center, P.O. Box 37337, Washington, DC 20013, (800)444-6472, (301)587-1938. This center responds to inquiries about major health problems concerning minority groups, including topics such as homicide, suicide, and unintentional injury. An automated Resource Persons Network and materials database

is utilized in data queries. This center also provides grants for innovative community health strategies.

- Project SHARE, P.O. Box 30666, Bethesda, MD 20814, (800)537-3788. This project focuses on programs initiated by the Family Support Administration (USDHHS). It provides reference services to human services at the delivery level to improve management, and maintains a database of documents, program descriptions, and records planning and management efforts of local and state governments. It also provides materials on family violence.
- American Association of Suicidology, 2459 South Ash, Denver, CO 80222, (303)692-0985. This agency promotes the study of suicide and the improvement of suicide prevention services. It certifies suicide prevention programs and sponsors suicide prevention week. In addition, it encourages public awareness, and provides suicide prevention resources.
- Center for Women's Policy Studies, 2000 P Street NW., Suite 508, Washington, DC 20036, (202)872-1770. This agency provides publications on a variety of topics concerning women and family violence.
- Child Welfare League of America, 440 First Street NW., Suite 310, Washington, DC 20001, (202)638-2952. This agency works to increase knowledge and promote understanding of child welfare problems by improving care and services of deprived, neglected, and dependent children and their families. Materials including publications and audiovisual catalogs on child abuse are available on request.
- Institute for the Study of Sexual Assault, 403 Ashbury Street, San Francisco, CA 94117, (415)861-2048. This is a non-profit group that conducts research on the behavioral, institutional, and legal aspects of sexual assault. It offers training and technical assistance for providers on various aspects of sexual safety, and operates a speakers bureau. All services and materials are available to legal and mental health care providers.

## **2. Training and Education**

- Administration for Children, Youth, and Families, Office of Public Information and Education, P.O. Box 1182, Washington DC 20013. This agency provides publications on a broad range of topics including child abuse and domestic violence. However,



indepth questions are referred to the Clearinghouse on Child Abuse and Neglect Information.

- Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1182 Washington, DC 20013, (703)385-7565. Sponsored by the National Center on Child Abuse and Neglect, this agency provides resource materials on child abuse and neglect. It also maintains document databases available on DIALOG. Also available are topical bibliographies on sexual abuse, program development, statistical data, and prevention. A publications list is available.
- Clearinghouse on Family Violence Information, P.O. Box 1182, Washington, DC 20013, (703)385-7565. This clearinghouse provides information services, custom searches, annotated bibliographies, and maintains a resource database for practitioners and researchers.
- Indian Health Service, Communications Director, Parklawn Building, Room 6-35, 5600 Fishers Lane, Rockville, MD 20857, (301)443-3593. The IHS provides comprehensive health care services for eligible American Indians and Alaska Natives through the IHS and tribally contracted facilities. The IHS provides information on the current health status of American Indians and Alaska Natives. Special program concentrations include suicide prevention, family violence prevention, mental health, maternal and child health, alcohol/substance abuse, etc.
- Indian Health Service, Mental Health Program Branch, Family Violence Prevention Team, Headquarters West, 5300 Homestead Road, N.E., Albuquerque, NM 87110.
- National Institute of Mental Health, Public Inquiries, Parklawn Building, Room 15C-05, 5600 Fishers Lane, Rockville, MD 20857, (301)443-4513. The Institute provides information on mental illness and health. It collects, stores, and disseminates scientific, technical, and other information related to mental illness, and offers several consumer publications as well as a publications list.
- American Association for Protecting Children, 9257 East Hamden Avenue, Denver, CO 80231, (303)695-0811. This non-profit agency provides inservice training for professionals, technical assistance for local programs, sets national standards for prevention programs, conducts research, and maintains a database of official reports of



child abuse and neglect. It also publishes pamphlets and books on child abuse trends, research, guidelines, and standards.

- American College of Obstetricians and Gynecologists, 409 12th Street SW., Washington, DC. 20024, (202)863-2518. This is a professional society that publishes materials for health professionals and providers in educating patients on a wide variety of health concerns, including family violence.
- Center for Women's Policy Studies, 2000 P Street NW., Suite 508, Washington, DC 20036, (202)872-1770. This center provides publications on a variety of topics concerning women and family violence.
- Family Service America, Severson National Information Center, 11700 West Lake Park Drive, Milwaukee, WI 53224, (414)359-2111.
- Jersey Battered Women's Service, Inc., P.O. Box 363, Morris Plains, NJ 07950, (201)455-1256.
- Kempe National Center for the Prevention of Child Abuse and Neglect, 1205 Oneida Street, Denver, CO 80220, (303)321-3963. This center focuses on improving educational, clinical, and research materials for professionals. It offers over 100 rental audiovisuals, advocates for multi-disciplinary approaches, and facilitates a network of professionals working with adolescent sex offenders.
- National Association of Teachers of Comprehensive Health Education, 6020 Miles Avenue, Huntington Park, CA 90255. This is an organization of teachers that promotes comprehensive health education. Its services are geared toward teachers of health education by providing resources in several health areas. It disseminates educational materials including audiovisuals.
- National Coalition Against Domestic Violence, P.O. Box 34103, Washington, DC 20043-4103, (202) 638-6388.
- National Committee for Prevention of Child Abuse, 332 South Michigan Avenue, Suite 950, Chicago, IL 60604, (312)663-3520. This is an advocacy organization that offers public awareness and education programs, volunteer networks, technical assistance, primary prevention programs, and a variety of educational materials.

- National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971, (703)684-7722, (800)969-6642. This is the national office of state Mental Health Associations. It provides information and statistics on mental health and illnesses. Local chapters provide information to individuals and community groups. The national office develops informational materials on all aspects of mental health and illness including teen suicide.

### **3. Intervention Assistance**

- Indian Health Service, Mental Health Program Branch, Family Violence Prevention Team, Headquarters West, 5300 Homestead Road; N.E., Albuquerque, NM 87110, (505)837-4245.
- National Institute of Mental Health, Public Inquiries, Parklawn Building, Room 15C-05, 5600 Fishers Lane, Rockville, MD 20857, (301)443-4513. The Institute provides information on mental illness and health. It collects, stores, and disseminates scientific, technical, and other information related to mental illness, and offers several consumer publications as well as a publications list.
- Division of Maternal and Child Health, the nearest IHS Service Unit.
- Division of Social Services at the nearest Bureau of Indian Affairs Agency.





